

2010 JAN 11 PM 2:3 HICS AND CAMPAIGN DISCLOSURE BOARD 610 EAST 12TH SHITE 44

DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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	n above) per (If different from above)	
Gran mark office	\$ 1,320.00 t Amount/Value* et value* of item as determined by . If no value mark *0.00*.	
vem	or on behalf of the state.	
rrs. th	at the information concerning the	

DEPARTMENT OR OFFICE RECEIVING	THE GIFT	, BEQUEST,	OR GRANT
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Clarinda MHI	
Name of Department or Office	Ciarinda IA 51632
	City, State, Zip Code
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE:
Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Suc.RohwaldtHays@lows.gov	City. State, Zip (if different from above) 712-342-2161 Ext 3317
Email Address	Area Code & Telephone Number (if different from above)
ONOR OF GIFT, BEQUEST, OR GRANT: Area Lutheran churches	
Name	
Mailing Address City, State, Zip Code	12/09 \$ 1,320.00
Area Code & Telephone Number	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the glft, bequest, or grant and purpose thereof Gift boxes for patients - Lutheran Gift Day	
Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any department	nt of the state or received by the Governor on behalf of the state.
tatement of Affirmation: Sue Rehwaldt Haysaffirm that the giff, bequest, or grant report and assessment of the fair market value (if applicable) is correct an	rted above is accurate. I further affirm that the information concerning the id true to the best of my knowledge.
El-M	1/7/10
Signature	Date

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2010 JAH | OWA ETAKS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 14

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



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Giff, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT!

Clarinda MHI	
Name of Department or Office 1800 N 16th Street	
Malling Address	Clarinda, IA 51632 Clty, State, Zip Code
7)2-342-2161 rea Code & Telephone No.	
NTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FICE:
Sue Rehwaldt Hays	
ame	
alling Address (If different from above)	City, State, Zip (if different from above)
iue.RehwaldtHays@iowa.gov	712-542-2161 Ext 3317
nail Addrese	Area Code & Telephone Number (if different from above)
NOR OF GIFT, BEQUEST, OR GRANT:	·
Employees of the Clarinda Treatment Complex	
ame	_
ailing Address City, State, Zip Code	- 12/09 \$ 800.00
	Date of Gift, Bequest, or Grant Amount/Value*
ea Code & Telephone Number	_ Date of Gill, Dequest, or Grank Amount value
••••••	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
mail Address (optional)	- Treceiving department of office. If no value mark 0.00.
Provide a description of the gift, bequest, or grant and purpose thereo	of:
Office to the state of the Chairman Day	
Gift boxes for patients - for Christmas Day	
riteria to use this form;	
Receipt of any glift, bequest, or grant that is received by any departme	ant of the state or received by the Governor on hebalf of the state
tecept of any girl, bequest, or grant triat is received by only deport to	Bill of the state in topication by the contest of the series of the series.
tement of Affirmation:	
Sue Rehwaldt Hays affirm that the gift, bequest, or grant repo	orted above is accurate. I further affirm that the information concerning the
or and assessment of the fair market value (if applicable) is correct a	ind true to the best of my knowledge.
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De L. MXXI	1/7/10
Signature	Date
Signature	Date

Revised 06/06

IOWA ETHIOS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319 Fax: (515)281-3701 www.lowa.gov/ethics



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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING 1	THE GIFT.	BEQUEST	OR GRAN
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Clarinda MHI	,
lame of Department or Office 1800 N 16th Street	Clarinda, IA 51632
Mailing Address 712-542-2161	City, State, Zip Code
res Code & Telephone No.	
INTACT PERSON FOR RECIPIENT DEPARTMENT OR O	FFICE:
Sue Rehwaldt Hays	
ame	
failing Address (if different from above)	City, State, Zip (if different from above)
Suc.RchwaldtHays@iowa.gov	712-542-2161 Ext 3317
India Address	Area Code & Telephone Number (if different from above)
NOR OF GIFT, BEQUEST, OR GRANT:	
Presbyterian Outreach Program	
ame	
lailing Address City, State, Zip Code	12/09 \$ 100.00
	Date of Gift, Bequest, or Grant Amount/Value*
rea Code & Telephone Number	"value is defined as "fair market value" of Item as determined b
	receiving department or office. If no value mark "0.00".
mail Address (optional)	
Provide a description of the gift, bequest, or grant and purpose then	reof
Gift stockings for the patients.	
Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any departr	ment of the state or received by the Governor on behalf of the state.
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tement of Affirmation:	
the Rehweldt Have	
affirm that the gift, bequest, or grant re or and assessment of the fair market value (if applicable) is correct	eported above is accurate. I further affirm that the information concerning the tand true to the best of my knowledge.
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUE	EST, OR GRANT:
Clarinda MHI	
Name of Department or Office 1800 N 14th Street	Clarinda, IA 51632
Malling Address	City, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR C	DEFICE
	71101.
Sue Rehwaldt Hays Name	
Mailing Address (if different from above) Suc.Rehwaldtiays@lowa.gov	City. State, Zip (if different from above)
Email Address	712-542-2161 Ext 3317
	Area Code & Telephone Number (if different from above)
OONOR OF GIFT, BEQUEST, OR GRANT:	
Family of V. Beorjan	
Name	<u> </u>
Mailing Address City, State, Zip Code	
	
Area Code & Telephone Number	Date of Gift, Bequest, or Grant Amount/Value*
•	"value is defined as "fair market value" of item as determined by
Email Address (optional)	receiving department or office. If no value mark "0.00".
Provide a description of the gift, bequest, or grant and purpose ther	reof:
Donated clothing items.	
. Donatoe clouming home,	
Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any departr	ment of the state or received by the Governor on behalf of the state.
	man at 210 state of received by the Governor on period of the state.
atement of Affirmation:	
Sue Rehwaldt Hays affirm that the gift, bequest, or grant re	ported above is accurate. I further affirm that the information concerning the
Prior and assessment of the fair market value (if applicable) is correct	and true to the best of my knowledge.
1 0	
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Sel MI	1/7/10
Signature	Date

A ETHICS AND CAMPAIGN DISCLOSURE BOARD

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Gift, Bequest, or Grant information	
received by a department or	
=coepted by the Governor on behalf	•
of the state	

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST	, OR GRANT:
Clarinda MHI	
Name of Department or Office	Clarinda, IA 51632
Maybe Adam	City, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	IG≅:
Sue Rehwaldt Hays	
Name .	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Suc.RchwaldtHays@iowa.gov	712-542-2161 Ext 3317
Email Address	Area Code & Telephone Number (If different from above)
OONOR OF GIFT, BEQUEST, OR GRANT:	
Sue Rehwaldt Hays	
Name	
Clarinda, IA 51632	
Mailing Address City, State, Zip Code	11/10/09 \$ 10.00
	Date of Gift, Bequest, or Grant Amount/Value*
Area Code & Telephone Number	"value is defined as "fair market value" of Item as determined by
	receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift, bequest, or grant and purpose thereof:	
Used CD players for patient use	
Osed CD players for patient use	
Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any department	nt of the state or received by the Governor on behalf of the state.
tatement of Affirmation:	
Sue Rehwaldt Hays affirm that the gift, bequest, or grant report	ted above is accurate. I further affirm that the information concerning the
onor and assessment of the fair market value (if applicable) is correct and	d true to the best of my Knowledge.
,)	
18 1 Del	11/10/09
Muss)	
(Signature)	Date

Revised 05/05

(IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



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FORM-GBG

Gift, Bequest, or Grant Information received by a department or accepted by the Governor on behalf

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Clarinda MHI	-
lame of Department or Office 1800 N 16th St C	Zarinda, IA 51632 .
failing Address	City, State, Zip Code
712-542-2161 vea Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	
Sue Rehwaldt Hays	
iame	
failing Address (if different from above)	City, State, Zip (if different from above)
Sue RehwaldtHays@iowa.gov	712-542-2161 Ext 3317
mali Address	Area Code & Telephone Number (if different from above)
ONOR OF GIFT, BEQUEST, OR GRANT:	
Roland Landsness	
lame	
The Charles The Charles	10/00 \$1.500.00
lailing Address City, State, Zip Code	10/09 \$ 1,500.00
	Date of Gift, Bequest, or Grant Amount/Value*
vea Code & Telephone Number	"value is defined as "fair market value" of item as determined by
Land Address Control of the Control	receiving department or office. If no value mark "0.00".
mail Address (optional)	
Provide a description of the gift, bequest, or grant and purpose thereof:	
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Wheelchair, recliner chair and personal clothing don	ated for patients to use.
Criteria to use this form:	
and the second s	t of the state or received by the Covernor on helptif of the state
Receipt of any gift, bequest, or grant that is received by any department	TO THE STATE OF FECEIVED BY THE GOVERNOT OF DEPART OF THE STATE.
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itement of Affirmation:	
4 11.00	ed above is accurate. I further affirm that the information concerning the
stement of Affirmation: Suc Rehwaldt Hays affirm that the gift, bequest, or grant report for and assessment of the fair market value (If applicable) is correct and	ted above is accurate. I further affirm that the information concerning the it true to the best of my knowledge.
Sue Rehwaldt Hays affirm that the gift, bequeet, or grant report	ed above is accurate. I further affirm that the information concerning the I true to the best of my knowledge.
Sue Rehwaldt Hays affirm that the gift, bequeet, or grant report	I true to the best of my knowledge.
Sue Rehwaldt Hays affirm that the gift, bequeet, or grant report	ted above is accurate. I further affirm that the information concerning the $^{ m t}$ fure to the best of my knowledge. $11/10/09$
Sue Rehwaldt Hays affirm that the gift, bequeet, or grant report	I true to the best of my knowledge.

Revised 08/05

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FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR	OFFICE RECEIVING THE	GIFT, BEQUEST	OR GRANT:
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Clarinda MHI			
Name of Department or Office			
Mailing Address 712-342-2161 Area Code & Telephone No.			
ONTACT PERSON FOR RECIPIENT D	PARTMENT OF OFFIC	· F.	
	LEAKTHEM OR OFFIC	· -	
Sue Rehwaldt Hays Name			
Mailing Address (if different from above) Suc.RchwaldtHayz@iowa.gov	• •	City, State, Zip (if different fro	om above)
Email Address		712-542-2161 Ext 3317 Area Code & Telephone Nur	mher (If different from above)
		The Court of Telephone (40)	inder (in dimension incint above)
ONOR OF GIFT, BEQUEST, OR GRAI	KT:		
Amanda Lawrence			
Name			
Cl	arinda, IA 51632		
Mailing Address City	, State, Zip Code	10/09	\$ 25.00
		Date of Gift, Bequest, or Gra	nt Amount/Value*
Area Code & Telephone Number			
		receiving department or offic	ket value" of item as determined by e. If no value mark "0.00".
Email Address (optional)			
Provide a description of the gift, bequest, or	grant and purpose thereof:		
Clothing for patients use.			
Criteria to use this form:			
Chiena to use uns form.			
Receipt of any gift, bequest, or grant that is	received by any department	of the state or received by the Govern	nor on behalf of the state.
atement of Affirmation:			
Sue Rehwaldt Hays	siff begundt as grant senarts	d above is accurate. I further affirm t	that the information concerning the
nor and assessment of the fair market value	in, bequest, or grant reporte (if applicable) is correct and	true to the best of my knowledge.	tist file it ito metron concernité are
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AX) L	((11/10	/09
Signature	<u> </u>	The second secon	Date

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of the state	•

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DEPARTMENT OR OFFICE	RECEIVING THE GIFT	BEQUEST,	OR GRANT
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JEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST,	, OR GRANT:
Clarinda MHI	
Name of Department or Office 1800 N 16th St	Clarinda, [A 51632
Malling Address	City, State, Zip Code
1/2-342-2161 Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	05-
	CE:
Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above)	City. State, Zip (if different from above)
Suc.RehwaldtHays@iowa.gov Email Address	712-542-2161 Ext 3317
an rout / rout vou	Area Code & Telephone Number (If different from above)
OONOR OF GIFT, BEQUEST, OR GRANT:	
Dave and Nancy Koch	
Name	
Clarinda, IA 51632	,
Malling Address City, State, Zip Code	10/09 \$ 200.00
	Date of Gift, Bequest, or Grant Amount/Value*
Area Code & Telephone Number	
	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0,00".
Email Address (optional)	
Partition a decoderiou of the efficiency of an exact and arrange through	
Provide a description of the gift, bequest, or grant and purpose thereof:	•
Used clothing for patients use.	
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Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any department	t of the state or received by the Covernor on habelf of the state
receipt of any girt, bequest, or grant mat is received by any department	t of the Sizite of received by the Governor on beinging the state.
tatement of Affirmation:	
	led above is accurate. I further affirm that the information concerning the
onor and assessment of the fair market value (if applicable) is correct and	I true to the best of my knowledge.
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XXX a MIN	
Signature	Date
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES.

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT

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Clarinda MHI			
Name of Department or Office 1800 N 16th St	Ciarinda, IA 51632		
Mailing Address 712-342-2161 City, State, Zip Code			
Area Code & Telephone No.			
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FICE:		
Sue Rehwaldt Hays			
Name			
Mailing Address (if different from above)	City, State, Zip (if different from above)		
Suo.RehwaldtHays@iowa.gov	712-542-2161 Ext 3317		
Email Address	Area Code & Telephone Number (if different from above)		
OONOR OF GIFT, BEQUEST, OR GRANT:			
TOTAL OF GIFT, BEQUEST, OR GRAVE.			
Family of P. Hazen	_ 1		
Name			
Mailing Address City, State, Zip Code	10/09 \$ 100.00		
	Date of Gift, Bequest, or Grant Amount/Value*		
Area Code & Telephone Number	"value is defined as "fair market value" of Item as determined by		
	receiving department or office. If no value mark "0.00".		
Email Address (optional)			
Provide a description of the gift, bequest, or grant and purpose thereo	of		
	JI.		
Used clothing for patient use.			
Criteria to use this form:			
Descript of any sill has much as esent that in received by any dependen	and of the etate or received by the Courses on habelf of the state		
Receipt of any gift, bequest, or grant that is received by any department	ant of the state of feceived by the Governor on behalf of the state.		
tatement of Affirmation:			
	orted above is accurate. I further affirm that the information concerning the		
onor and assessment of the fair market value (if applicable) is correct a	ind true to the best of my knowledge.		
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Signature	Date		
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